

THE HEALTH OF STANDISH.

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At a meeting of the Standish District Council on Monday, the Medical Officer read the following report on the health of the district:—I have pleasure in presenting to you the annual report on the health of the district for the past year. The district comprises an area of 3,264 acres. At the centre, and highest part, stands the village, whilst placed in the south-western and lower corner is the hamlet of Lower Ground, composed of a block of well built houses, and containing a few over 900 inhabitants. The remaining portion of the district is of a rural character. The principal, one might say almost the only, form of industry is coal mining, which employs a large proportion of the men, and a considerable number of women, who work on the pit brows. There is no form of commercial undertaking employing female labour, but a large number of girls and women are employed at and journey daily to and from the Standish Company's Bleachworks at Worthington and the cotton factories at Wigan. One offensive trade is carried on in the district, but is well conducted, and does not give rise to any nuisance. I estimate the population at the middle of the year at 5,950. The number of births registered was 215, and the deaths 144, which corresponds to rate of 37.3 and 24.2 respectively per 1,000. The number of deaths from zymotic disease was 9, giving a rate of 2.5. The number of deaths in children under one year of age was 49, equal to a rate of 220.7 to 1,000 births. The number of deaths under 5 years of age numbered 77, and there were 25 deaths in people over 65 years of age. The following table allows of easy comparison of the vital statistics of 1897 with the three previous years:—

	1894.	1895.	1896.	1897.
Estimated population.....	5716	5850	5900	5950
Registered births	229	258	209	215
" deaths	136	120	100	144
Birth-rate per 1,000.....	40.1	44.1	35.4	37.3
Death-rate	23.7	20.5	17.1	24.2
Zymotic death-rate	4.19	2.05	1.01	2.5
Deaths under 1 year per 1,000	209	155.1	172.24	220.7
" 5	82	61	50	77
Deaths over 65	54	59	51	25

By comparison with 1896 it is seen that there is an increase in the number of births, a large increase in the number of deaths, the zymotic rate slightly increased, whilst both the deaths under 1 year and under 5 years of age show a slight increase. The causes to which the deaths were attributed were as follows:—Scarlet fever 1, croup 1, enteric fever 6, measles 3, whooping cough 7, diarrhoea and dysentery 3, influenza 3, phthisis 7, chest affections 42, heart disease 3, injuries and accidents 7, all other diseases 61. The number of cases of infectious diseases notified in each month and the deaths therefrom are shown in an accompanying table. From this it will be seen that 25 cases of enteric fever were notified, 17 cases of erysipelas, 8 cases of continued fever, 18 cases of scarlet fever, 1 case of croup and diphtheria, giving a total of 69 cases resulting in 9 deaths. On localising the cases of infectious diseases we find that of 25 cases of enteric fever reported, the village contributed 22 cases, Gidlow and Lower Ground 2 cases, and the rural district 1 case. In the village the cases were generally dispersed, Wigan-road, Grove, and High-street being responsible for 7 cases, Church-street 5 cases, School-lane 5 cases, Preston-road, Collingwood-street, James-square, and Moore's-lane 4 cases, and Pole-street 1 case. Of scarlet fever the village contributed 8 cases, Gidlow and Lower Ground 9, and the rural district 1. May was the only month of the year during which the district was entirely free from infectious disease. Enteric fever was absent during 3 months, viz., May, June, and August, whilst the largest number of cases of this affection were notified in February and September. Scarlet fever manifested itself in 7 months of the year, viz., January, April, June, July, August, September, and November, the greatest number being notified in April. When one considers the lack of appreciation of responsibility by some parents, together with the often inadequate means of isolation, it is indeed surprising that this most contagious fever has not affected a much larger number of sufferers. As much as possible is done by the sanitary officials in watching these cases, in insisting on the best possible isolation, in keeping children of affected families from school, in teaching parents the value of frequent washing, and antiseptic instruction, and in carrying out fumigation, but there appears a tendency on the part of many rather to evade than to assist in the measures which are recommended for the protection of those who may come within reach of the contagion of this affection. It is gratifying to observe that no case of puerperal, or lying-in fever was reported during the year. Reviewing each month separately, January was not marked by anything of importance sanitarily; February gave the largest number of cases of enteric fever of any month of the year; March was noticeable by a heavy death rate; April, the death rate for this month fell to 14.2; May, during this month the health of the people was very good, no cases of infectious disease were reported, and only 5 deaths were registered, the death rate for the month being 10.16; some cases of influenza appeared, followed by marked debility, but not complicated with the dangerous symptoms which have accompanied some previous appearances of this affection; June, the death rate for this month was considerably higher than might have been expected for such a period of the year, viz., 20.16; July was characterised by the low death rate of 8.08, 4 deaths only being registered during the month; August, an epidemic of measles affected the district of Lower Ground, and I attempted, by excluding from school the children of affected families, to stop the spread of the infection. September: Finding the epidemic extending in spite of all precautions, I requested your Clerk to call a meeting of the council on 8th September, to consider a special report with reference to the outbreak, and recommending you to advise immediate closure of the school at Lower Ground. After considering the question, your council resolved to give the managers of the school notice to close the school from the 9th September for a period of three weeks, and empowering me to further extend the

period of closure if necessary. At the expiration of the three weeks I deemed it advisable to recommend the managers to keep the school closed for a further period of one week, and they were accordingly reopened on October 7th. It is impossible to estimate the number of children who were affected by the epidemic, but I feel sure that very few escaped, and it is gratifying to find that the number of deaths due to it was only 3, for measles is not the simple ailment many parents think it, and apart from its seriously threatening life, leaves much of the deafness, and a large proportion of the sore eyes disfiguring the children of this country. Indeed measles has become a far more fatal disease than scarlatina, and school closure, especially in country districts, is the only effective measure which can be adopted to check its spread. A large number of cases of very severe diarrhoea occurred during September, and I expected a considerable increase of cases of enteric fever, but happily I was wrong. October, November, December: These months were marked by their excessive death rates, 62 deaths being recorded during the three months, in spite of the mildness of the weather, the chief sufferers being those of the extremes of life, i.e., the young and the old. During November whooping cough was rife, giving rise to a great deal of chest affections, and causing 7 death, all in children under 5 years of age. During December there was much illness from affections of the respiratory organs, whilst the whooping cough epidemic had subsided to a very considerable extent, and lost much of its virulence. The hospital for the isolation of smallpox, which was opened in 1893, is still maintained in good condition, everything being well aired and ready if necessity arises for immediate occupation, but happily it has not been required. The house accommodation in the district is good, a great improvement being noticeable in this respect over a few years ago, and the cases of overcrowding are very few in number in consequence of the increased house accommodation. The houses are well built, the closets and ashpits have cemented floors and covered tops, while a few of the more recently erected dwellings have water closets. The closets and ashpits attached to much of the old property are in very bad condition, the bottoms being porous and the tops uncovered. Many of the worst cases have been remedied during the last year, and I hope before another year is over to have had the remainder of these faulty erections put into good repair. A few back-to-back houses still exist in the districts of School-lane and Pole-street. With the exception of the property of the Wigan Coal and Iron Company in Lower Ground, Gidlow, James-square, and Moore's-lane, the yards are not paved. The council possesses no means for the disinfection of articles of clothing and bedding, disinfection having to be carried on at the patients' houses by the nuisance inspector, by means of the fumes of burning sulphur, and seeing how repeatedly scarlet fever has been imported into the district, and yet has not reached above four cases in any one month, seems to show that the fumigation has considerable influence in checking its spread. If parents would only earnestly and thoroughly carry out isolation, no doubt greatly improved results would be shown. The Act is in force in the district, and it gives valuable information to the sanitary officials. Measles, however, is not scheduled, but many councils now pay for the notification of the first case per house, and when we had to deal with the epidemic at Lower Ground, I felt that such an arrangement would have helped me very considerably in estimating the extent of the epidemic in indicating affected households for exclusion of the children from school, and allowing infected houses to be fumigated and in enforcing isolation. As it was, I had to depend upon general enquiries, and the information supplied by Miss Staveley, the headmistress, who kindly supplied me daily with the names of absent scholars, and I have to acknowledge her kindness and thank her for the trouble she took to assist me. No action has been necessary under the Housing of the Working Classes Act, 1890. No houses have been condemned as unfit for human habitation. The water supply needs no comment, except to congratulate the district on its excellence. The scavenging is carried out by contract, and is well done, and very few complaints have been received. The drainage is good, and the sewers are well laid and sufficiently ventilated, and the sewage is disposed of on the council's farm by filter irrigation, with results which show constant, though slow, improvement. Mr. Naylor, the Chief Inspector of the County Council, reported in July to the Ribble Joint Committee that effluents had been good, and the works, as far as could be seen, were sufficient to deal with the sewage. The bake-houses were inspected in respect of the provisions of the Factories and Workshops Acts of 1878 and 1883 respectively. Supervision is especially important over places in which food stuffs are prepared for the food of man, and the inspection was conducted with special reference to the following particulars, viz.:—1, general cleanliness; 2, freedom from effluvia from w.c.'s, privies, drains, etc.; 3, overcrowding; 4, ventilation. With one exception all fulfilled the above conditions, and this was not often enough limewashed, and the ventilation was bad. Injunctions were given that these defects might be remedied, and your inspector will see that they are carried out. The slaughter-houses were inspected, and fulfil the recommendations of the Local Government Board, with the single exception of their proximity to dwelling-houses, none being at the specified distance of 100 feet. The recommendations as to cross ventilation, absence of rooms above, water supply, supply of buckets for garbage, and lighting are all fulfilled. On this subject, the ordinary agricultural cart is not a very good vehicle for the removal of night soil, often allowing a considerable amount of dripping and scattering of its contents, and I think that some cart of special construction might with advantage be adopted for this purpose. The refuse is disposed of on agricultural land, and sometimes gives rise to slight nuisance, but this is the best method available. The number of nuisances complained of was 83, of these 73 were abated, and 5 are in course of abatement. J. H. WILSON, M.D., Fellow of the British Institute of Public Health.

